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Name: Examiner C. Simone GAU 1772Firm: U.S. Patent and Trademark Office

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Fax Number: 571-273-8300File Reference: 133678-1

From:

Name: William J. ClemensDate: February 14, 2006 Time: 8:30 AM☐ Please Confirm TransmissionContact Phone No 248-593-3019**Message:** Please see the following Response for filing in patent application S/N 09/973,298.

Thank you.

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PTO/SB/17 (12/04v2)

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FEE TRANSMITTAL
For FY 2005

Effective 01/01/2003. Patent fees are subject to annual revision.

Complete if known

Application Number	09/973,298
Filing Date	October 9, 2001
First Named Inventor	David W. Polley
Examiner Name	Catherine A. Simmone
Group Art Unit	1772
Attorney Docket No.	133678-0001

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 60)

METHOD OF PAYMENT (check one)**FEE CALCULATION (continued)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) _____

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. Basic Filing, Search, and Examination Fees**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Fee Description	Small Entity	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
 - 20 or HP = x =
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 - 3 or HP = x =
 HP = highest number of independent claims paid for, if greater than 3.


3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
 Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
 /50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): One-Month Extension of Time Fee Paid (\$) 60

SUBMITTED BY

Typed or Printed Name	William J. Clemens	Complete (if applicable)
Signature		Reg. No. 26,855
		Date February 14, 2006

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FEE TRANSMITTAL**For FY 2005**

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TOTAL AMOUNT OF PAYMENT (\$ 60)

METHOD OF PAYMENT (check one)**FEE CALCULATION (continued)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) _____☒ Deposit Account Deposit Account Number 12-2136 Deposit Account Name Butzel Long

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☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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Plant	200	100	300	150	160	80	
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Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Small Entity	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200
Multiple dependent claims	360

Total Claims - 20 or HP = _____ x _____ = _____ Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims - 3 or HP = _____ x _____ = _____ Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$) _____ Fee Paid (\$) _____

_____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One-Month Extension of Time

Fee Paid (\$)

60

SUBMITTED BY

Typed or Printed Name William J. Clemens

Signature



Complete (if applicable)

Reg. No. 26,855

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